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PTO/SB/21 (09-06)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/562,290	
	Filing Date	20th June 2006	
	First Named Inventor	BRAVEN, Helen	
	Art Unit	1645	
	Examiner Name	TBA	
Total Number of Pages in This Submission	109	Attorney Docket Number	ATLAS-9452 US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard; One set of IDS references (references 4-13; 103 pages)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Bell & Associates		
Signature			
Printed name	Matthew Kaser		
Date	20th October, 2006	Reg. No.	44,817

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Matthew Kaser	Date	20th October, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-06)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/562,290
Filing Date	20th June, 2006
First Named Inventor	BRAVEN, Helen
Examiner Name	TBA
Art Unit	1645
Attorney Docket No.	ATLAS-9452 US

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-3194 Deposit Account Name: Bell & Associates

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature

Registration No. 44,817
(Attorney/Agent)

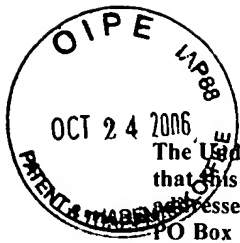
Telephone (510) 537-2040

Name (Print/Type) Matthew Kaser

Date 20th October, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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The undersigned hereby declares pursuant to 37 CFR § 1.8 that this correspondence is being deposited in an envelope addressed to Mail Stop PCT, Commissioner for Patents, PO Box 1450, Alexandria VA 22313-1450, with the US Postal Service with sufficient postage as First Class Mail on 20th October, 2006.

By: 
Printed: Matthew R. Kaser

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Helen BRAVEN et al.

Title: **PROTEASE DETECTION ASSAY**

Serial No.: 10/562,290 371/Filing Date: 20th June, 2006

Examiner: TBA Group Art Unit: 1645

Mail Stop Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF INFORMATION DISCLOSURE STATEMENT PURSUANT TO 37 C.F.R. §1.97 and §1.98


Dear Sir:

Applicant herewith submits an Information Disclosure Statement (IDS) under the provisions of 37 CFR § 1.97 (b)(1) and § 1.98 in the above-referenced utility patent application. Applicant herewith includes ten (10) copies of publications cited in Form 1449 (Reference 4, Reference 5, Reference 6, Reference 7, Reference 8, Reference 9, Reference 10, Reference 11, Reference 12, and Reference 13).

Applicant believes that, since this IDS has been filed at the US PTO prior to a first Office action on the merits of the claimed invention, no fee is due. However, if the Commissioner determines that a fee is due, the Commissioner is hereby authorized to debit the fee from **Bell & Associates Deposit Account No. 50-3194**.

Respectfully submitted,

Date: 20th October, 2006

By: 
Matthew R. Kaser, D.Phil.
Registration No. 44,817
Direct Telephone: (510) 537-2040



PTO/SB/08A (09-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Complete if Known	
		Application Number	10/562,290
		Filing Date	20 June, 2006
		First Named Inventor	BRAVEN, Helen
		Art Unit	1645
		Examiner Name	TBA
Sheet 1 of 2	Attorney Docket Number	ATLAS-9452 US	

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
	1	US- 4,304,853 A	12-08-1981	NIGRETTO, Jean M. et al.	Complete document
	2	US- 6,235,494 B	05-22-2001	The Scripps Research Institute	Column 11, line 1
	3	US- 6,495,336 B	12-17-2002	LUDIN, Christian et al.	Complete document
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ³ Number ⁴ Kind Code ⁵ (if known)				
	4	EP 0 441 222 A	08-14-1991	Boehringer Mannheim, GMBH	Complete document	
	5	DE 100 16 775 A	08-23-2001	Roche Diagnostics GMBH	Complete document	

Examiner Signature	Date Considered
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Complete if Known			
		Application Number	10/562,290		
		Filing Date	20 June 2006		
		First Named Inventor	BRAVEN, Helen		
		Art Unit	1645		
		Examiner Name	TBA		
Sheet	2	of	2	Attorney Docket Number	ATLAS-9452 US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	6	KUNUGI, S., et al., Int. J. Biol. Macromol., 1992, pp. 210-214, Vol. 14, August.	
	7	HIRAYAMA, K., et al., Biochem. Biophys. Res. Comm., 1990, pp. 639-646, Vol. 173, No. 2.	
	8	JONES, L.J., et al., Anal. Biochem., 1997, pp. 144-152, Vol. 251.	
	9	SHINOHARA, H., et al. Sensors and Actuators B, 2000, pp. 144-146, Vol. 65.	
	10	NAM, R.K., et al. J. Clin. Oncol., 2000, pp. 1036-1042, Vol. 18, No. 5.	
	11	BLACK, M.H., et al., Clin. Cancer Res., 2000, pp.467-473, Vol. 6.	
	12	FULTZ, M.L. and DURST, R.A., Analytica Chimica Acta, 1982, pp. 1-18, Vol. 140.	
	13	MATAYOSHI, E.D., et al., Science, 1990, pp. 954-958, Vol. 247.	

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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